

**PRIVATE PROVIDER'S REPORT OF VACCINE USAGE**  
**(REPORT STATE-SUPPLIED VACCINE ONLY)**

REPORT PERIOD \_\_\_\_\_ PROVIDER NAME \_\_\_\_\_

| VACCINE             | BEGINNING OF MONTH INVENTORY | VACCINE ADDED THIS MONTH | LOT #'s<br>Use back for addtl #'s | END OF MONTH INVENTORY | LOT #'s<br>Use back for addtl #'s | EXPIRATION DATE | VACCINE WASTED OR EXPIRED | VACCINE RET. TO LHJ VIABLE |
|---------------------|------------------------------|--------------------------|-----------------------------------|------------------------|-----------------------------------|-----------------|---------------------------|----------------------------|
| DT (Ped)            |                              |                          |                                   |                        |                                   |                 |                           |                            |
| DTaP                |                              |                          |                                   |                        |                                   |                 |                           |                            |
| HEP A (Ped)         |                              |                          |                                   |                        |                                   |                 |                           |                            |
| HEP B (Ped)         |                              |                          |                                   |                        |                                   |                 |                           |                            |
| Hib                 |                              |                          |                                   |                        |                                   |                 |                           |                            |
| INFLUENZA           |                              |                          |                                   |                        |                                   |                 |                           |                            |
| INFLUENZA-PF        |                              |                          |                                   |                        |                                   |                 |                           |                            |
| IPV                 |                              |                          |                                   |                        |                                   |                 |                           |                            |
| MMR                 |                              |                          |                                   |                        |                                   |                 |                           |                            |
| PCV7 (Conj)         |                              |                          |                                   |                        |                                   |                 |                           |                            |
| Pneumococcal (Poly) |                              |                          |                                   |                        |                                   |                 |                           |                            |
| Td                  |                              |                          |                                   |                        |                                   |                 |                           |                            |
| VAR                 |                              |                          |                                   |                        |                                   |                 |                           |                            |

For additional lot #'s, use other side.

| VACCINE             | < 1 | 1 | 2 | 3-5 | 6 | 7-10 | 11-12 | 13-18 | 19-24 | 25-44 | 45-64 | 65+ | UNK | TOTAL |
|---------------------|-----|---|---|-----|---|------|-------|-------|-------|-------|-------|-----|-----|-------|
| DT (Ped)            |     |   |   |     |   |      |       |       |       |       |       |     |     |       |
| DTaP                |     |   |   |     |   |      |       |       |       |       |       |     |     |       |
| HEP A (Ped)         |     |   |   |     |   |      |       |       |       |       |       |     |     |       |
| HEP B (Ped)         |     |   |   |     |   |      |       |       |       |       |       |     |     |       |
| Hib                 |     |   |   |     |   |      |       |       |       |       |       |     |     |       |
| INFLUENZA           |     |   |   |     |   |      |       |       |       |       |       |     |     |       |
| INFLUENZA-PF        |     |   |   |     |   |      |       |       |       |       |       |     |     |       |
| IPV                 |     |   |   |     |   |      |       |       |       |       |       |     |     |       |
| MMR                 |     |   |   |     |   |      |       |       |       |       |       |     |     |       |
| PCV7 (Conj)         |     |   |   |     |   |      |       |       |       |       |       |     |     |       |
| Pneumococcal (Poly) |     |   |   |     |   |      |       |       |       |       |       |     |     |       |
| Td                  |     |   |   |     |   |      |       |       |       |       |       |     |     |       |
| VAR                 |     |   |   |     |   |      |       |       |       |       |       |     |     |       |

\_\_\_\_\_  
 AUTHORIZED SIGNATURE

\_\_\_\_\_  
 FACILITY

\_\_\_\_\_  
 DATE

\* Hepatitis B may be used for high risk persons up to the 20th birthday.

\*\* Influenza - For children 2 years up to the 19th birthday at high risk due to chronic health condition or household contacts of children less than 24 months of age or persons in high risk categories.

\*\*\* MMR - For students entering college who were born in or after 1957.

\*\*\*\* This Report Will Account For Vaccines Previously Issued And Is To Be Submitted Monthly. Failure To Submit Report On Time Could Jeopardize Future Vaccine Supplies.